

Pregnancy

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Renal colic is the leading cause of non-obstetric hospital admission in pregnancy . The physiological changes that take place during pregnancy include an increase in glomerular filtration rate by 50%; increased excretion of calcium, uric acid and sodium; and increased excretion of inhibitors of crystallisation such as citrate and magnesium. Urine pH is alkaline and so the pre - dominant stone type seen in pregnancy is calcium phosphate stones. US is the primary mode of investigation for renal colic. MRI can be used as a second-line investigation to define the - level of obstruction. Most stones pass spontaneously . However, stones can cause loss of pregnancy and premature labour. Hence, emergency ureteroscopy is a reasonable first-line option in well-selected distal ureteric stones. Internal stenting or PCN can be used in the interim and a definitive procedure can be planned following childbirth. Pregnancy is an absolute contraindication to SWL.

Revision #1

Created 2025-12-31 15:29:49 UTC by Omar Ayman

Updated 2025-12-31 15:29:49 UTC by Omar Ayman